

Summer Food Service Program (SFSP) New Applicant Checklist

Please submit your application to the following address by the deadline date that applies to you. (Dates are listed in the application cover letter). Be sure to keep a copy of the application for your records. Please ensure all questions are complete and all forms have been signed and dated. *Applications missing question responses, signatures, and dates are not considered submitted for SFSP.*



Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
930 Wildwood (for shipping services such as UPS or FEDEX)
P.O. Box 570 (for U.S. Mail)
Jefferson City, MO 65102
or via fax to: 573-526-3679

Use this checklist to ensure all required items are enclosed with your application packet.

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| <input type="checkbox"/> Form CACFP 1000 | Sponsor Application (4 Pages) |
| <input type="checkbox"/> Form BMA | Business Management Analysis (5 Pages) |
| <input type="checkbox"/> Form CACFP 1001 | Site Information Sheet (3 Pages) (One for each meal site) |
| <input type="checkbox"/> Form CACFP 1002 | Policy Statement |
| <input type="checkbox"/> SFSP Web-Access Form | Provides User Id and Password for SFSP database |
| <input type="checkbox"/> Form SAMII | Vendor Input/ACH-EFT Application (direct deposit form) |
| <input type="checkbox"/> FSMC Contract | Required only for Sponsors with Vended/Catered Meals |

Use this checklist to ensure sites are ready for operation.

<u>FORM NAME/NUMBER</u>	<u>DESCRIPTION</u>
<input type="checkbox"/> Documentation of Training	Required before start of program operations. Kept onsite for MDHSS review.
<input type="checkbox"/> Pre-Operational Site Review	Completed for each new site prior to application submission and kept onsite for MDHSS review.
<input type="checkbox"/> And Justice For All Poster	Must be displayed in a prominent location at each site where it can be easily viewed.
<input type="checkbox"/> Sponsor/Site Agreement	Before adding an unaffiliated new site, ensure you obtain a sponsor site agreement.
<input type="checkbox"/> Daily Meal Count Form	Completed at the point of service for each meal. Must be dated and kept with monthly records.
<input type="checkbox"/> Medical Food Substitution Form	Have a few copies available for participants with allergies and or special dietary needs. Must be signed by a physician.
<input type="checkbox"/> 1 st & 4 th Week Site Review Form	Sponsors are required to conduct reviews during the 1 st and 4 th weeks. There is also space to record your beneficiary data which is required once per year.

